Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
HAL079009		B. WING		11/0	5/2015	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BROOKE	DALE EDEN	314 W KIN EDEN, NO	NGS HIGHWA 27288	AYS		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	.D BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
		al Survey by Billy S. Bryant and onducted on 11/05/2015.				
	Records indicate this facility was first licensed on 06/25/1997. The facility is currently licensed for 82 Beds. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 (1997 Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy and the !996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.					
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164			
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.					
	HVAC components allowing a heavy ac	et as evidenced by: vation there is a failure to keep clean and in good repair by ccumulation of dust and dirt on nts of the HVAC system.				
	Finding on 11/06/2015: a. There is a heavy accumulation of dust and dirt on the HVAC supply registers, on the return air grilles and on the radiation dampers that are located above the grilles and registers.					

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		A. BUILDING. UT				
HAL079009		B. WING		11/0	11/05/2015	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOKE	ALE EDEN		IGS HIGHW	AYS		
		EDEN, NC				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
C 164	Continued From pa	ge 1	C 164			
	wall components cle evidenced by some Finding on 11/05/20 a. The painted surfa courtyard is scratch	ace of the door to the				
C 166	Housekeeping-Mair	ntained Free of Hazards	C 166			
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.					
	maintained in a clear hazards. Failure to hazards could effect	et as evidenced by: ation the facility has not been an condition and free from keep the facility free from the occupants of the facility if zards could lead to health				
	Findings on 11/05/2015: a. Mechanical Room, between rooms #17 & #18 - Heavy mildew and mold is accumulating on the ceiling in the area where the ceiling is penetrated by the duct work from the HVAC units.					

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b. Mech Room Adjacent to room #40 - Heavy

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
HAL079009		B. WING 11/0			5/2015	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI	DALE EDEN	314 W KIN EDEN, NO	IGS HIGHWA 27288	AYS		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	_D BE	(X5) COMPLETE DATE
C 166	Continued From pa	ge 2	C 166			
	mildew and mold is accumulating on the ceiling in the area where the ceiling is penetrated by the duct work from the HVAC units. 2. Based on observation the facility has not been maintained in an uncluttered condition so as to be free from obstructions. Failure to keep the facility uncluttered and free from obstructions could be a hazard to the occupants if emergency exit paths are obstructed. Finding on 11/05/2015: a. Kitchen - The exit door from the kitchen was blocked by a food cart and a full trash can sitting immediatley in front of the door. Note: Corrected while the surveyor was on site.					
C 189	Building Equipment	Maintained Safe, Operating	C 189			
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.					
	maintain the facility manner as evidenc penetrations in the Fire resistant rated	ration there is a failure to 's fire safety systems in a safe ed by gaps and open fire resistant rated ceilings. ceilings must be free of gaps, in order to resist the spread				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(V2) MULTIDI	E CONSTRUCTION	(V2) DATE	SLIDVEV	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		7t. BOILDING.				
		HAL079009	B. WING	· · · · · · · · · · · · · · · · · · ·	11/0	5/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BROOKI	DALE EDEN	314 W KIN	IGS HIGHW	AYS		
BROOK	JALL LULIN	EDEN, NO	27288			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 3	C 189			
	ceilings could effect by allowing fire and area of origin. Finding on 11/05/20					
	a. Mech Room Across from Room #33 - The 1 hour fire resistant rated ceiling has a gap where it the drywall material has split open at the taped joint.					
	room there is a gap	Room - At the exit from the in the fire resistant rated rinkler head escutcheon.				
	2. Based on observation there is failure to maintain electrical emergency/safety related equipment in a safe operating condition. Failure to maintain electrical emergency safety related equipment in safe and operable condition could effect occupants of the facility if the equipment did not function when and as required.					
		orridor exit door ceiling d electrical "Exit" sign did not				
		nce - The exit door illuminated a did not work on battery power				
	maintain the facility safe operating cond that do not complet required to complet event of a fire in ord smoke or the spread	ration there is a failure to 's fire safety equipment in a dition as evidenced by doors ely close and latch. Doors are ely close and latch in the der to resist the passage of d of fire. All the occupants in effected if doors do not latch				

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Division of Health Service Regulation						
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: 01		COMPLETED		
HAL079009		B. WING		11/05/2015		
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
			IGS HIGHW			
BROOKI	DALE EDEN	EDEN, NC				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	RIATE	DATE
	_			,		
C 189	Continued From pa	ge 4	C 189			
	and remain closed	so as to limit the spread of				
	smoke or fire to the	area of origin.				
	Finding on 11/05/00	N4.F.				
	Finding on 11/05/20	ng Services - One leaf of the				
	_	or doors is dragging on the				
		ot close when released from its				
	magnetic hold oper					
	Based on observation there is a failure to					
	maintain the facility's mechanical system in a safe operating condition as evidenced by a HVAC					
	mechanical unit requiring repair. Occupants of					
	the facility could be effected if mechanical do					
	operate properly due to required maintenance.					
	Finding on 11/05/20	145.				
	Finding on 11/05/20	Closet -There is a leak from the				
		nuch as approximately 1/8" of				
	water is standing or					
		ration there is a failure to				
		required plumbing safety				
		ent. Failure to maintain or				
		ety devices or equipment upants of the facility if the				
		nbing safety devices or				
		the domestic water supply to				
	become contamina					
	Finding on 11/05/2015:					
		n breakers/anti-siphon device led for the sink hand held rinse				
	wand.	ieu ioi uie siiik nanu neiu iinse				
	walla.					
C 199	Exhaust Ventilation		C 199			
	SECTION .0300 - PHYSICAL PLANT					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: 01		COMPLETED			
		HAL079009	B. WING		11/05/2015		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE			
TW WILL OF T	NOVIDEN ON OUT FIELD		NGS HIGHWA				
BROOKE	DALE EDEN	EDEN, NO		410			
040.15	CLIMMA DV CTA			DDOV/DEDIC DI ANI OF CODDECTION	DNI .	0.5	
(X4) ID PREFIX		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	PRIATE	DATE	
				DEFICIENCY)			
C 199	Continued From pa	ge 5	C 199				
	10A NCAC 13F .03	11 OTHER					
	REQUIREMENTS	II OTTER					
		ed in this Paragraph shall be					
		ust ventilation at the rate of					
	•	ninute per square foot. This					
	requirement does n	ot apply to facilities licensed					
		, with natural ventilation in					
	these specified spa						
	(1) soiled linen stor						
	(2) soil utility room;(3) bathrooms and						
	(4) housekeeping						
	(5) laundry area.	biosets, and					
	(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e)						
	which shall not apply to existing facilities.						
	T. D						
	This Rule is not me						
		ration the facility failed to					
		nechanical exhaust in rooms echanical exhaust. Failure to					
		e rooms could effect the					
		cility by not removing odors					
		g odors to spread to areas					
	outside the confine						
	Finding on 11/05/20						
		and Adjacent Employees					
		naust fans in the rooms are					
	not working.						

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